

MEDICAL RECORD	MINOR PATIENT'S ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY <ul style="list-style-type: none"> • Attach to NIH-2514-2, Consent to Participate in a Clinical Research Study
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INSTITUTE: National Eye Institute

STUDY NUMBER: 04-EI-0008

PRINCIPAL INVESTIGATOR: J. Fielding Hejtmancik, M.D., Ph.D.

STUDY TITLE: Clinical and Molecular Studies in Families With Corneal Dystrophy or Other Inherited Corneal Diseases

Continuing Review Approved by the IRB on 07/30/15
Amendment Approved by the IRB on 1/6/12 (E)
Date Posted to Web: 08/05/15

Minor

Why we are doing this study

You have been asked to take part in a research study because you or someone in your family has an eye condition called "corneal dystrophy" that can make it hard to see. We want to find out why some people in the family get corneal dystrophy by studying genes. Genes are packets of information that are passed from parent to child. We can study the genes by studying your blood.

What will happen in this study

For this study, we will ask you questions about your vision and your health and we will examine your eyes. We will test how well you can see an eye chart. We will put drops in your eyes to make the pupils very large, and examine the back of your eye with bright lights.

We will take blood from a vein in your arm. First, we will put some cream on the skin so that drawing blood will not hurt you. Then we will put a thin needle into the vein.

Before each test we will explain what will happen.

PATIENT IDENTIFICATION	MINOR PATIENT'S ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY NIH-2514-2 (10-09) P.A.: 09-25-0099 File in Section 4: Protocol Consent (2)
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MEDICAL RECORD	CONTINUATION SHEET for either: NIH 2514-1, Consent to Participate in A Clinical Research Study NIH 2514-2, Minor Patient's Assent to Participate In A Clinical Research Study
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What you may not like about the study

The eye drops used to make your pupils wide may sting, and the bright lights we shine in your eyes may hurt. It may hurt a little when we stick you with the needle and you may get a bruise (black-and-blue mark). Some people feel dizzy or faint when they have blood drawn.

Why you might want to participate

Being in this study will not help you or anyone in your family, but we hope that it might help people or families with corneal dystrophy in the future.

Right of refusal

You do not have to do any test you do not want to do. Please let us know if you do not want to do a test.

Right to withdraw

You do not have to be in this study, and you can stop any time you want. No one will be angry at you if you stop.

PATIENT IDENTIFICATION

CONTINUATION SHEET for either:

NIH-2514-1 (10-84)

NIH-2514-2 (10-84)

P.A.: 09-25-0099

MEDICAL RECORD**MINOR PATIENT'S ASSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY**

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I have had this study explained to me in a way that I understand, and I have had the chance to ask questions. I agree to take part in this study.

Signature of Minor Patient: _____ Date: _____

Print Name: _____

Signature of Investigator: _____ Date: _____

Print Name: _____

PATIENT IDENTIFICATION**MINOR PATIENT'S ASSENT TO PARTICIPATE IN A
CLINICAL RESEARCH STUDY**

NIH-2514-2 (10-09)

P.A.: 09-25-0099

File in Section 4: Protocol Consent